

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>8727509</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	
2		1					52	
3							53	
4							54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14							64	
15							65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	20						TOTAL CLAIMS	